

APPLICATION DATA SHEET (ADS)

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: SYSTEMS FOR AND METHODS OF
REPAIR OF ATRIOVENTRICULAR
VALVE REGURGITATION AND
REVERSING VENTRICULAR
REMODELING
Attorney Docket Number:: 29838-101
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 16
Small Entity:: Yes
Petition Included?:: No
Secrecy Order In Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: A.
Family Name:: Levine
City of Residence:: Brookline
State or Prov. of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 60 Longwood Avenue, #1010
City of Mailing Address:: Brookline
State or Prov. of Mailing Address:: MA
Postal or Zip Code:: 02446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Judy
Middle Name:: W.
Family Name:: Hung
City of Residence:: Newtonville
State or Prov. of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 54 Oakwood Road
City of Mailing Address:: Newtonville
State or Prov. of Mailing Address:: MA
Postal or Zip Code:: 02460

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: J.
Middle Name:: Luis
Family Name:: Guerrero
City of Residence:: Norton
State or Prov. of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 49 Cross Street
City of Mailing Address:: Norton
State or Prov. of Mailing Address:: MA
Postal or Zip Code:: 02766

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gus
Middle Name:: J.
Family Name:: Vlahakes
City of Residence:: Weston

State or Prov. of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 17 Juniper Road
City of Mailing Address:: Weston
State or Prov. of Mailing Address:: MA
Postal or Zip Code:: 02493

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26486

REPRESENTATIVE INFORMATION

Representative Customer Number::	26486	
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Phase of	PCT/US03/20450	06/27/03
PCT/US03/20450	Non-Provisional of	60/392,332	06/27/02

ASSIGNMENT INFORMATION

Assignee Name:: The General Hospital Corporation
City of Mailing Address:: Boston
State or Prov. of Mailing Address:: MA